



STATE OF MICHIGAN
BUREAU OF ELECTIONS
LANSING

VOTING ACCESS FOR INDIVIDUALS WITH DISABILITIES (VOTE) PROGRAM

Accessible Voting Booths Checklist

Thank you for applying for the Voting Access for Individuals with Disabilities (VOTE) Program. This grant will enable jurisdictions to purchase Single Accessible Voting Booths to provide the same opportunity for access and participation (including privacy and independence) to individuals with disabilities.

In order to process your application promptly, we require the following documents:

- _____ Voting Access for Individuals with Disabilities – Accessible Voting Booths Grant Application
- _____ Quote / Invoice for single accessible voting booths -1 accessible booth per precinct
- _____ Two (2) estimates if improvements cost more than \$2,500
- _____ Three (3) estimates if improvements cost more than \$25,000

Please print this checklist and check each item as you complete it. This checklist must be returned with ALL of the required documentation.

Submit to: Michigan Department of State,
Bureau of Elections
P.O. Box 20126
Lansing, Michigan 48901-0726
pplacegrant@michigan.gov

If you have any questions, please contact:

Tracy Smith
517.335.2738 (Lansing)
313.456.2007 (Detroit)
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David Foster
517.335.2795
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VOTING ACCESS FOR INDIVIDUALS WITH DISABILITIES
(VOTE)

**POLLING PLACE ACCESSIBLE VOTING BOOTHS
GRANT APPLICATION**

(To be used to apply for grant funds to purchase Accessible
Voting Booths ONLY)

Section I. Jurisdiction Contact Information

COUNTY: _____ **CITY** ☐ **TOWNSHIP** ☐: _____

CLERK CONTACT INFORMATION	TREASURER CONTACT INFORMATION
Name:	Name:
Full Address:	Full Address:
Zip Code:	Zip Code:
Fax:	Fax:
Phone:	Phone:
Email:	Email:

Section II. Accessible Voting Booths Order Information

Total Number of Polling Places		Total Number of Accessible Voting Booths	
Name of Vendor			
Model #			

- 1) Would you and/or the building owner be agreeable to an external survey of the building if the Bureau of Elections determines one is needed?

Yes ☐

No ☐

N/A ☐

- 2) Do you commit to using this building as a polling place for the next three even-year November general elections? (You must agree to this stipulation in order for this location to be eligible for a grant award.)

Yes ☐

No ☐

N/A ☐

Section III. Polling Location Information

** Only single accessible voting booths are being covered by the grant. (1 accessible booth per precinct)*

****** If more space is needed, copy this page and attach it to the application.

Name of Polling Location	Address	# of booths
1.		
2.		
3.		
4.		
5.		

Section IV. Summary of Cost for Polling Place Accessible Voting Booths

****You must attach written estimate to support estimated cost.**

Estimated Cost of All Accessible Voting Booths Combined for this Polling Place:

DUNS Number:

(Required if Estimated Cost is \$25,000 or greater.)

Estimated Date of Order:

I hereby certify that the information provided in this application is true to the best of my knowledge.

Signature of Authorized Official

Date